For help completing Form 2, please double-click the (1) icon next to each line number.

TATEMENT OF CA					RPR -3	AM 7	10
. (a) Name of Candidate (in full Boyd Lachlan Robe				ŽU11	MI		
(b) Address (number and stre 668 N. Coast Highw		address changed	<b>4</b> ))	2. Identificati H4CA			
(c) City, State, and ZIP Code Laguna Beach, CA			<b>(</b> (i)	3. Is This Stateme	nt New (N)	OR	(A
Party Affiliation Democrat	5. Office Sought House of Repre	1	6. State & Distr CA 48	ict of Candida	te		
	DESIGNATION OF	PRINCIPAL C	AMPAIGN	COMMIT	TEE		
7. I hereby designate the followi	ng named political committee	e as my Principal Ca	ımpaign Comn		2018 year of election	_ election	n(s).
NOTE: This designation shou	eld be filed with the appropria	ite office listed in the	instructions.	C	year or election	1)	
(a) Name of Committee (in ful	N)						
Boyd Roberts	For Congress						
(b) Address (number and stre	_ <del></del>						
668 N. Coast	Highway, #199						
(c) City, State, and ZIP Code							
Laguna Beacl	h CΔ 02651						
	1, CA 32031		Traps.				
	DESIGNATION OF	ng Joint Fundraising	Representative	es)		nd funds c	on behal
I hereby authorize the following candidacy.  NOTE: This designation should be a second control of the candidate.  NOTE: This designation should be a second control of the candidate.  NOTE: This designation should be a second control of the candidate.  NOTE: This designation should be a second control of the candidate.  NOTE: This designation should be a second control of the candidate.	DESIGNATION OF (Includir ng named committee, which	ng Joint Fundraising is NOT my principal	Representative campaign con	es)		nd funds c	on behal
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